### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

UIVID AFFR 3235-0076 OMB Number: Expires: November 30, 2001 Estimated average burden hours per response . . . 16.00

SEC	SEC USE ONLY Prefix Serial							
Prefix	Serial							
DAT	RECEIVED							

Name of Offering ( check if this is an amendment and name has a	hanged, and indicate change.)
GAVELLA CORP. 7-1-2004 PRIVATE OFFERING	
Filing Under (Check box(es) that apply):   Rule 504  Rule 504	505 XX Rule 506 Section 4(6) ULOE
Type of Filing: ★☑ New Filing ☐ Amendment	
A. BASIC IDENTI	FICATION DATA
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has charged a company of the company of	ged, and indicate change.)
GAVELLA CORP.	
,	ity, State, Zip Code) Telephone Number (Including Area Code)
215 West Main Street	856–667–0600
Maple Shade, NJ 08052	830-007-0000
Address of Principal Business Operations (Number and Street, C	
(if different from Executive Offices)	OCESSED III III III III III III III III III I
Brief Description of Business	
•	UL 21 2004
Real estate and business consulting	04038506
Type of Business Organization	THOMSON CHOSOSOS FINANCIAL
☐ limited partnership, already fo	med other (please specify):
☐ business trust ☐ limited partnership, to be form	ed
M	onth Year
Actual or Estimated Date of Incorporation or Organization:	6 0 0 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Pos	al Service abbreviation for State:
CN for Canada; FN for oth	er foreign jurisdiction)

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays SEC 1972 (2-97) a currently valid OMB control number.



## A BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter Promoter	Beneficial Owner	Executive Officer	x Director	☐ General and/or Managing Partner
Full Name (Last name first, it	f individual)				
SANTORO, Harry	J				
Business or Residence Addre 215 West Main St	•	d Street, City, State, Zige Shade, NJ, 080	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ROBINSON, Stephe					
Business or Residence Addres	ss (Number an	d Street, City, State, Zip	Code)		
215 West Main St	treet, Maple	e Shade, NJ, 080	52		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number an	d Street, City, State, Zij	p Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Of ficer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number ar	d Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	(Number ar	nd Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	***			
Business or Residence Address	s (Number an	d Street, City, State, Zip	Code)		
	(Use blank sheet o	or conv and use additional	copies of this sheet, as nee	cessary.)	

				B. 1	VFORMA	TION ABO	OFFI	RING				
1. Has th	e issuer sole	d, or does t	he issuer in	tend to sell	, to non-acc	credited inv	estors this	offering?			· · · · · · ·	Yes No X⊠ □
			Ans	swer also in	Appendix,	Column 2	, if filing w	ider ULOE				
2. What i	is the minin	num invest	ment that w	vill be acce	pted from a	ny individi	ıal?				\$_	2,500
3. Does t	he offering	permit join	t ownershij	of a single	e unit?	· · · · · · · · · · · ·						Yes No ⊠ □
sion or listed the bro the inf	the informater similar remains an associated by the contraction formation for a similar remains an associated formation for a similar remains an associated formation for a similar remains an associated formation for a similar remains a similar rema	muneration ated persor er. If more or that brok	for solicitate for agent of than five (in the contract of the contract for	ition of pur of a broker 5) persons (	chasers in o or dealer re	connection gistered w	with sales ith the SEC	of securitie and/or wit	s in the off h a state or	ering. If a states, list	person to be the name of	oe of
Full Name	(Last name	e first, if in	dividual)									
Business o	or Residence	e Address (	Number an	d Street, C	ity, State, Z	ip Code)						
Name of A	Associated I	Broker or D	ealer									
States in V	Vhich Perso	n Listed H	as Solicited	or Intends	to Solicit F	urchasers						
(Check	"All States"	or check is	ndividual S	tates)								☐ All States
[ AL]	[AK]	[ AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[ FL]	[GA]	[HI]	[ ID ]
[IL]	[ IN ]	[ IA ]	[ KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR ]
Business o	r Residence	Address (	Number and	d Street, Ci	ty, State, Zi	ip Code)						
Name of A	ssociated B	Broker or D	ealer								······································	
States in W	Vhich Perso	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers					<u> </u>	_
•	'All States"											All States
[AL]	[AK]	[ AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ]
	[IN]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO] [PA ]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY] [VI]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PR]
[ RI ] Full Name	[SC]	[SD]	[TN] lividual)	[TX]	[UT]	[ 41 ]	[VA]	[WA]	[** *]	[W1]	[** * ]	
Business o	r Residence	Address (	Number an	d Street, Ci	ty, State, Z	ip Code)						
Name of A	Associated E	Broker or D	ealer	- <u></u>						<u></u>		
States in W	Vhich Perso	n Listed Ha	s Solicited	or Intends	to Solicit P	urchasers		<del></del>	<del> </del>	<del></del>		
	All States"											☐ All States
`[ AL]	[AK]	[ AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ]
[IL]	[ IN ]	[ IA ]	[ KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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[ RI ]	ISC 1	ISD 1	ITN I	[TX]	IUT 1	I TV1	ΓVA1	TWA1	rwvi	IWI 1	ſWYI	fPR 1

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold Debt ..... Equity ..... **\$** 125,000 Convertible Securities (including warrants) \$\_\_\_\_\_\_\$ Partnership Interests \$\_\_\_\_\_\_\_\$ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or " zero." Aggregate Dollar Amount Number of Purchases Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of offering Rule 505 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Printing and Engraving Costs	X	\$ 500
Legal Fees	$\square$	\$ 0
Accounting Fees	X	\$ 0
Engineering Fees	X	\$ 
Sales Commissions (specify finders' fees separately)	X	\$ 
Other Expenses (identify)	$\Box$	\$ 0
Total	$\Box$	\$ 500

C OFFERING PRICE, NUMBER		SE UE	89(761619317)		
b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C - Q proceeds to the issuer."	uestion 4.a. This difference is the "adjusted	d gross		\$ <u>1</u>	24,500
5. Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount for and check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to Pa	or any purpose is not known, furnish an est I of the payments listed must equal the adj	imate			
grow protection to the rooter per form in responde to 1 a	TO QUOLON NO BOOLO.		Payments to Officers, Directors, & Affiliates	Pa	nyments To Others
Salaries and fees		· 🔲 \$	0	□ \$	0
Purchase of real estate		□ \$.	00	□ <b>s</b>	0
Purchase, rental or leasing and installation of mac	hinery and equipment	□ \$.	0	□ \$	0
Construction or leasing of plant buildings and fac-					
Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	· 🗆 \$.	0	□ s	0
Repayment of indebtedness					
Working capital					
Other (specify): <u>Investments and ge</u>					
		- · □ \$.		□ <b>\$</b>	
Column Totals		□ <b>\$</b> .		□ \$_1	24,500_
Total Payments Listed (column totals added)			□ \$12	4,500	<del></del>
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furnisinformation furnished by the issuer to any non-accredited	sh to the U.S. Securities and Exchange Con	nmissi	on, upon written	tule 505, t request of	he following its staff, the
Issuer (Print or Type)	Signature		Date		
GAVELLA CORP.	1/1/ Musture		7	66	4
Name of Signer (Print or Type)	Title of Signer (Frint or Type)			- #-	<del></del>
Harry J. Santoro	President				

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

VVVV 00000			
		E. STATE SIGNATURE	
1.	* * *	62 presently subject to any of the disqualificat	<del>-</del>
		See Appendix, Column 5, for state response	
2.	The undersigned issuer hereby undertake CFR 239.500) at such times as required		ate in which this notice is filed, a notice on Form D (17
3.	The undersigned issuer hereby undertaken offerees.	es to furnish to the state administrators, upon v	vritten request, information furnished by the issuer to
4.	limited Offering Exemption (ULOE) of		that must be satisfied to be entitled to the Uniform restands that the issuer claiming the availability of this
	issuer has read this notification and know authorized person.	rs the contents to be true and has duly caused th	is notice to be signed on its behalf by the undersigned
ssue	er (Print or Type)	Signature	Date
Vam	e (Print or Type)	Title (Print or Type)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### APPENDIT

1	2 3		3	4					5
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL			,						
AK									
AZ								_	
AR									
CA									
СО									
СТ									
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## APPENDIX

1	2 3			4					5 Disqualification		
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
				Number of Accredited		Number of Non-Accredited					
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
MT								<del> </del>			
NE											
NV								[			
NH							<u>.</u>				
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